S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17794

FILED JUN 11 1943

Registration District No. [illegible]

Primary Registration District No. 5426

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Boles Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36 0

(a) State Mo (b) County Franklin

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Franklin R. Lawrence

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife 1

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April (Month) 28 (Day) 1850 (Year)

8. AGE: Years 93 Months 0 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Stanton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

FATHER
12. Name Richard Lawrence
13. Birthplace United States (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace United States (City, town, or county) 1 (State or foreign country)

16. (a) Informant Wm F Lawrence
(b) Address Leslie Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemt.

18. (a) Signature of funeral director E H Jemme
(b) Address Beaufort Mo.

19. (a) May 16 1943 (Date received local registrar) (b) Blanch C. Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1943 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from 4-15, 1943, to 5-14, 1943 that I last saw him alive on 5-13, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1626

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature K. M. Denny (M. D. or other) MD
Address Union Mo. Date signed 5-14-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by E. H. Jemme, Registered Apprentice No. ....., working under my personal supervision.

Signed E. H. Jemme

Licensed Embalmer No. 3076

P. O. Address Beaufat Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.